24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	
	C C00569905
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
ALLEGRA	M M / D D / Y Y Y Y
Mailing Address 45668 TERMINAL DRIVE	04 13 2015 Amount
City State Zip Code	1370.24
DULLES VA 20166-4390	Transaction ID : SE24.67 Date of Disbursement or Obligation
Purpose of Expenditure FULFILLMENT ITEMS - BOOKMARKS Category/ Type 004	04 / 13 / 2015
Name of Federal Candidate Support Office	Sought: House District:
DR BEN CARSON	President Senate State:
	rsement For: X Primary General
Per Election for Office Sought 209620.09 2016	Other (specify)
Full Name of Payee COLORTREE GROUP, INC.	Date of Public Distribution/Dissemination
Mailing Address 8000 VILLA PARK DRIVE	04 13 2015
Walling Address 8000 VILLA PARK DRIVE	Amount
City State Zip Code	10911.78
RICHMOND VA 23228-6500	Transaction ID : SE24.198
Purpose of Expenditure	Date of Disbursement or Obligation
DIRECT MAIL - PRINTING Category/ Type O04	04 / 13 / 2015
Name of Federal Candidate Support Office	Sought: House District:
DR. BEN CARSON Oppose	President Senate State:
Calendar Year-To-Date Disbu	rsement For: X Primary General
Per Election for Office Sought 220531.87 2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	12282.02
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Robert Frank [Electronically Filed] Date 1	2 08 2015
Signature	